

HS4L Courses

1st September 2025 – 14th August 2026

| | Morning preferred Course choice | Afternoon preferred Course choice | FOR OFFICE USE ONLY |
|-----------------------|------------------------------------|--------------------------------------|---------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Additional Activities | | | |
| | | | |

Full Name: _____

Client Signature:

Date of Agreement:

Client Signature:

Authorised Signatory (where responsible for finance)

Date of Agreement:

| | Monthly Fees | Fees Per Session |
|---|--------------|---------------------------------|
| Half day: 10.00-12.15 or 12.45-3.00pm | £120.00 | £30.00 |
| Full day: 10am - 3.00pm | £240.00 | £60.00 |
| Complex disability carer supplement* *This is in recognition of the cost of a place being taken up by an accompanying carer. | | £10.00 Half day £15 Full Day |
| Gym, Swim and Fitness sessions | | £14.00 |

2025 - 26 Monthly Fees Payable

Own lunch must be provided. You may bring food to reheat in the microwave, at your own risk, provided you are competent to use a microwave unsupervised.

Name:.....

Signature:.....

Address:.....

.....

.....

.....

Email Address:.....

Contact Tel. No:.....

Please sign this form and return it to us:

*Harrogate Skills 4 Living, 9 North Park Rd, Harrogate,
HG1 5PD*

We will issue you a copy for your records.

Your signature is required,
as acknowledgement that
you agree to these terms
and conditions

☐ I agree to set up payment by
monthly Standing Order
(please tick)

I have authorisation to enter
into this financial agreement
and (please tick one of the
following):

- ☐ I am the client
- ☐ I am the client's Carer/Parent
- ☐ I am the client's Care Manager
- ☐ I am the client's Key worker
- ☐ I am the client's Residential
- ☐ Care Provider

FOR OFFICE USE ONLY:

Harrogate Skills 4 Living

Receiving Officer Signature:.....Date of Agreement:.....